



PHYSICAL THERAPIST IN OCCUPATIONAL HEALTH GUIDELINES

Rescinded as APTA guidelines in May 2011, adopted by Orthopaedic Section BOD July 11, 2011

The role of the physical therapist in occupational health includes examination and evaluation of individuals with work-related risk factor(s), impairments, activity limitations, participation restrictions, or other health-related conditions which prevent individuals from performing their occupational pursuits in order to determine a diagnosis, prognosis, and implement intervention as necessary. The examination includes the history, systems review, and tests and measures. The tests and measures include:

- aerobic capacity/endurance
- anthropometric characteristics
- arousal, attention, and cognition
- assistive and adaptive devices
- circulation (arterial, venous, lymphatic)
- cranial and peripheral nerve integrity
- environmental, home, and work (job/school/play) barriers
- ergonomics and body mechanics
- gait, locomotion, and balance
- integumentary integrity
- joint integrity and mobility
- motor function (motor control and motor learning)
- muscle performance (including strength, power, and endurance)
- neuromotor development and sensory integration
- orthotic, protective, and supportive devices
- pain
- posture
- prosthetic requirements
- range of motion (including muscle length)
- reflex integrity
- self-care and home management (including activities of daily living and instrumental activities of daily living)
- sensory integrity
- ventilation and respiration/gas exchange
- work (job/school/play), community and leisure integration or reintegration (including instrumental activities of daily living)

The physical therapist in occupational health evaluates the data from the tests and measures to determine the diagnosis and prognosis, and to determine the interventions that will be utilized to alleviate the work-related risk factors, impairments, activity limitations, participation restrictions, or other health-related conditions which prevent an individual from performing their occupational pursuits. In addition, the physical therapist in occupational health also provides appropriate interventions for non-work related injuries that prevent individuals from performing work-related tasks.

47 Whenever possible, interventions should be based on evidence supporting their use. All interventions
48 necessitate coordination, communication, and documentation to ensure that the patient/client
49 receives appropriate and cost-effective services. Patient/client related instruction imparts information
50 and develops skills to promote work independence. Procedural interventions include:

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52 • therapeutic exercise to increase the worker's capacity to execute physical tasks required for work
53 activities

- 54 - aerobic capacity/endurance conditioning or reconditioning
- 55 - balance, coordination, and agility training
- 56 - Body mechanics and postural stabilization
- 57 - flexibility exercises
- 58 - gait and locomotion training
- 59 - neuromotor development training
- 60 - relaxation
- 61 - strength, power, and endurance training for head, neck, limb, pelvic-floor, trunk, and
62 ventilatory

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64 • functional training in work (job/school/play), community and leisure integration or reintegration
65 which includes a broad group of activities designed to integrate or to return the patient/client to
66 work as quickly and as efficiently as possible, and which involves improving a patient's/client's
67 physiologic capacities in order to facilitate the fulfillment of work-related roles using any of the
68 following modes of intervention:

- 69 - barrier accommodations or modifications
- 70 - environmental or work task adaptation
- 71 - ergonomic stressor reduction
- 72 - device and equipment use and training
- 73 - assistive and adaptive device or equipment training during IADL
- 74 - orthotic, protective, or supportive device or equipment training during IADL
- 75 - prosthetic device or equipment training during IADL functional training programs
- 76 - back schools
- 77 - job coaching
- 78 - simulated environments and tasks
- 79 - task adaptation
- 80 - task training
- 81 - travel training
- 82 - work conditioning
- 83 - work hardening programs
- 84 - injury prevention or reduction
- 85 - injury prevention education during work integration or reintegration
- 86 - injury prevention education with use of devices and equipment
- 87 - safety awareness training during work

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- 89 • manual therapy techniques (including mobilization/manipulation)
- 90 • prescription, application, and, as appropriate, fabrication of devices and equipment (assistive,
91 adaptive, orthotic, protective, supportive, and prosthetic)
- 92 • integumentary repair and protection techniques
- 93 • electrotherapeutic modalities
- 94 • physical agents and mechanical modalities.

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96 Services rendered by the physical therapist in occupational health may be delivered in hospitals,
97 homes, outpatient clinics or offices, rehabilitation facilities, subacute care facilities, corporate or
98 industrial health centers, industrial, workplace or other occupational environments, fitness centers,
99 and education or research centers.

101 Physical therapists in occupational health also participate in prevention and the promotion of health,
102 wellness, and fitness, consultation, and education.

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104 Integration of prevention, and the promotion of health, wellness, and fitness into the practice of the
105 physical therapist in occupational health may be accomplished through the following activities:

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- 107 • analyzing work tasks, tools and work station design
- 108 • redesigning workplace, work task, or work station
- 109 • matching of work tasks, tools and work station design to the worker
- 110 • providing exercises and postural training to prevent job-related disabilities.

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112 Consultation occurs when the physical therapist in occupational health renders professional or expert
113 opinion or advice. They apply their highly specialized knowledge and skills to identify problems in the
114 workplace, to recommend solutions to those problems, and to produce a safe, injury-free,
115 ergonomically sound work environment on behalf of the patient/client. Such consultation may include:

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- 117 • advising employers about the requirements of the Americans with Disabilities Act (ADA) and how
118 to make reasonable accommodations
- 119 • advising employers about the requirements of OSHA and worker's compensation
- 120 • conducting a program to determine the suitability of employees for specific job assignments
- 121 • developing programs that evaluate the effectiveness of an intervention plan in reducing work-
122 related injuries
- 123 • instructing employers about pre-placement in accordance with provisions of the ADA
- 124 • developing functionally based job tasks descriptions
- 125 • providing expert testimony and record review
- 126 • working with the employees, labor unions, and government agencies to develop injury reduction
127 and safety programs.

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129 Screening is the brief process to determine the need for further examination or consultation by a
130 physical therapist, or for referral to another health professional. Examples of screening activities in
131 which physical therapists in occupational health engage include the following:

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- 133 • identifying risk factors in the workplace
- 134 • pre-performance testing of individuals in the work place
- 135 • testing of individuals post-work.

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137 Education is the process of imparting information or skills and instructing by precept, example, and
138 experience so that individuals acquire knowledge, master skills, or develop competence. In addition
139 to instructing patients/clients as an element of intervention, physical therapists in occupational health
140 may engage in the following educational activities:

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- 142 • planning and conducting programs for the public to increase their awareness of work-related
143 injuries
- 144 • planning and conducting education programs for local, state and federal health agencies
145 concerning the importance of work site safety
- 146 • conducting education programs for employees and management about the importance of
147 workplace safety and injury prevention.

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149 Physical therapists in occupational health also are involved in the provision of peer review and
150 utilization review services.

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152 Physical therapists in occupational health coordinate their service delivery activities with other health
153 care professionals, employees, employers, insurers, governmental regulatory and administrative
154 agencies, and others involved in assuring that the optimum work environment exists for the

155 prevention of injury and for the rehabilitation of work-related impairment, activity limitation, and
156 participation restrictions.
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